

# Rheumatology Clinic, LLC

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## Release of information (optional): Medical and Billing

Our physician's and staff make every effort to protect your health care information.

It is the practice of Rheumatology Clinic, LLC to address you by your name when calling you to the back office. If this is not acceptable to you please advise the receptionist or clinical staff and indicate how you would like to be addressed.

### Others involved in healthcare:

If you have someone in your life, other than yourself, that you would like the physician or billing department staff to discuss treatment and or billing issues, please complete the following information.

Examples of people who may need information are:

- Spouse
- Caregiver
- Legal Guardian
- People who provide transportation for you
- Etc.

1. \_\_\_\_\_  
Name Phone Number Relationship

2. \_\_\_\_\_  
Name Phone Number Relationship

3. \_\_\_\_\_  
Name Phone Number Relationship

**This authorization is valid to disclose the following information to the above listed person(s). If you list more than one person please specify which information you are giving authorization to release per person.**

- **Medical** 1.  Yes  No 2.  Yes  No 3.  Yes  No
- **Billing Information** 1.  Yes  No 2.  Yes  No 3.  Yes  No

**This information is valid until revoked by the patient.**

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Witness Date